

ABSTRACT OF THE DISCLOSURE

The present invention centers around the treatment of peripheral neuropathy by administering to a symptomatic patient, especially one suffering pain and/or burning symptoms and especially in the legs or feet, and soles of the feet, a combination of two medications, a substituted phenothiazine, and a tricyclic antidepressant. The substituted phenothiazine potentiates the activity of, or acts synergistically with the tricyclic antidepressant, to provide relief that is otherwise not obtainable with one medication alone at reasonable dosage levels.

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The particular antidepressant may be imipramine (or analog thereof) and may be selected from the group consisting of the following well-known antidepressants: desipramine, imipramine, imipramine N-oxide, tripripramine, clomipramine, doxepin, amitriptyline, nortriptyline, protriptyline, and their pharmaceutically acceptable free forms, and acid addition salts and esters thereof.

The second compound of the regimen is a substituted phenothiazine. Those preferred for use in the invention are selected from the group consisting of the following: chlorpromazine hydrochloride, mesoridazine besylate, thioridazine hydrochloride, acetophenazine maleate, fluphenazine, fluphenazine hydrochloride, fluphenazine enanthate, fluphenazine decanoate, perphenazine, trifluoperazine hydrochloride, and their pharmaceutically acceptable free forms, and acid addition salts and esters thereof. Most preferred is fluphenazine hydrochloride. The most preferred combination of antidepressant and substituted phenothiazine for use is desipramine hydrochloride with fluphenazine hydrochloride.

The substituted phenothiazine may be taken alone, i.e. not in combination with the antidepressant. For fluphenazine, a dosage level higher than the amount used in the combination may be required depending on the severity of the neuropathy.